

**BUILDING INVENTORY SHORT FORM– CHLORINATED VOCs (not BTEX)**

For Use on WQARF sites - Residential Questionnaire

Bldg ID: \_\_\_\_\_

Sampler: \_\_\_\_\_

Sampling Date: \_\_\_\_\_

Sampling Time: \_\_\_\_\_

Location in Structure where Sample Collected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Occupant Name(s) \_\_\_\_\_

Owner or Renter (Circle One) How long? \_\_\_\_\_

**Building Construction Information**

Type of Structure:

House / Apartment / Duplex / Condo (Circle One)/ Other \_\_\_\_\_

Type of Foundation:

Basement / Slab-on-grade / Crawl-space / Other: \_\_\_\_\_

If Basement, current use and materials within \_\_\_\_\_

How Many Floors?

Attached Garage: Y / N. Materials within \_\_\_\_\_

**Heating and Cooling Information**

Furnace Type: Natural Gas / Electric / Propane. Forced Air / Wall unit.

Air Conditioning: Y / N. Type: \_\_\_\_\_

**General Home Information**

Recent Remodeling: Y/N. Type &amp; materials used \_\_\_\_\_

Air Fresheners Used: Y / N. Type/Brand: \_\_\_\_\_

Obvious Products Observed Containing Chlorinated-VOCs:

Glues / Paints / Cleaners / Other \_\_\_\_\_

Cleaning Solvents \_\_\_\_\_

Commonly have clothes dry-cleaned: Y / N

Occupants work in a manufacturing facility or a garage? Y / N

Pets: Y / N. Type &amp; quantity. \_\_\_\_\_ Litter box: Y / N

Other Features Observed that May Influence Indoor Air Sample:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_